

GEORGIA MEDICAID FEE-FOR-SERVICE CORTICOSTEROIDS, TOPICAL PA SUMMARY

Dosage Form		Preferred	Non-Preferred
	Very high		
I. Very high potency	Cream Gel Ointment	Clobetasol propionate cream, ointment 0.05% Halobetasol propionate cream 0.05%	Apexicon E (diflorasone diacetate emollient cream 0.05%) Clobetasol propionate gel, emollient base cream 0.05% Halobetasol propionate ointment 0.05%
	Foam Lotion Shampoo Solution Spray	Clobetasol propionate solution 0.05%	Bryhali (halobetasol propionate lotion 0.01%) Clobetasol propionate emulsion foam aerosol, foam aerosol, lotion, shampoo, spray 0.05% Clobex (clobetasol propionate shampoo 0.05%) Clodan Kit (clobetasol propionate shampoo 0.05% and cleanser) Halobetasol propionate aerosol 0.05% Olux-E (clobetasol emulsion foam aerosol 0.05%) Ultravate (halobetasol propionate lotion 0.05%)
Dosag	je Form	Preferred	Non-Preferred
II. High potency	High potency		
	Cream Ointment Gel	Augmented betamethasone dipropionate cream 0.05% Betamethasone valerate cream, ointment 0.1% Triamcinolone acetonide cream, ointment 0.5% Triamcinolone acetonide cream, ointment 0.025% Triamcinolone acetonide cream, ointment 0.1%	Amcinonide cream0.1% Augmented betamethasone dipropionate gel, ointment 0.05% Betamethasone dipropionate cream, ointment 0.05% Desoximetasone cream, ointment 0.25% Desoximetasone cream, gel, ointment 0.05% Diflorasone diacetate cream, ointment 0.05% Fluocinonide cream 0.1% Fluocinonide cream, emollient, gel, ointment 0.05% Halog (halcinonide cream, ointment 0.1%) Trianex (augmented triamcinolone ointment 0.05%)
	Foam Lotion Solution Spray	Betamethasone dipropionate lotion 0.05% Betamethasone valerate lotion 0.1% Triamcinolone acetonide lotion 0.1% Triamcinolone acetonide lotion 0.025%	Amcinonide lotion 0.1% Augmented betamethasone dipropionate lotion 0.05% Fluocinonide solution 0.05% Halog (halcinonide solution 0.1%) Kenalog Aerosol Spray (triamcinolone acetonide aerosol spray) Topicort Spray (desoximetasone spray 0.25%) Triamcinolone acetonide aerosol spray
Dosag	e Form	Preferred	Non-Preferred
III. Medium potency	Medium potency		Clocortolone pivalate cream 0.1%
	Cream Ointment Gel	Fluticasone propionate cream 0.05% Fluticasone propionate ointment 0.005% Mometasone furoate cream, ointment 0.1%	Cloderm (clocortolone pivalate cream 0.1%) Fluocinolone acetonide cream, ointment 0.025% Flurandrenolide cream, ointment 0.05% Hydrocortisone butyrate cream, emollient, ointment 0.1% Hydrocortisone valerate cream, ointment 0.2% Pandel (hydrocortisone probutate cream 0.1%) Prednicarbate cream, ointment 0.1% Synalar Kits (fluocinolone acetonide cream or ointment 0.025% and emollient cream)
	Таре	None- use other formulations	Cordran (flurandrenolide tape 4 mcg/cm²)
	Lotion Solution	None- use other formulations	Beser Kit (fluticasone propionate lotion 0.05% and emollient cream)



Dosage Form		Preferred	Non-Preferred
	Spray		Betamethasone valerate aerosol foam 0.12% Flurandrenolide lotion 0.05% Fluticasone propionate lotion 0.05% Hydrocortisone butyrate lotion, solution 0.1% Luxiq (betamethasone valerate aerosol foam 0.12%) Mometasone furoate solution (lotion) 0.1%
Dosag	e Form	Preferred	Non-Preferred
	Low potency		
IV. Low potency	Cream Gel Ointment	Hydrocortisone cream, ointment 1% Rx Hydrocortisone cream, ointment 2.5%	Alclometasone dipropionate cream, ointment 0.05% Desonate (desonide gel 0.05%) Desonide cream, ointment 0.05% Fluocinolone acetonide cream 0.01%
	Oil	[otic] Derma-Smooth FS (fluocinolone acetonide [body, scalp] oil 0.01% Dermotic (fluocinolone acetonide [otic] oil 0.01%)	Fluocinolone acetonide (body, scalp) oil 0.01%
	Lotion Shampoo Solution	Hydrocortisone lotion 2.5%	Capex (fluocinolone acetonide shampoo 0.01%) Desonide lotion 0.05% Fluocinolone acetonide solution 0.01% Synalar TS Kit (fluocinolone acetonide solution 0.01% and cleanser) Texacort (hydrocortisone solution 2.5%)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- If generic clobetasol foam, shampoo or lotion is approved, the PA will be issued for the equivalent brand product, Olux-E or Clobex.
- If generic betamethasone valerate aerosol/foam is approved, the PA will be issued for brand Luxiq.
- If brand Cloderm is approved, the PA will be issued for generic clocortolone cream.
- If generic triamcinolone aerosol spray is approved, the PA will be issued for brand Kenalog Aerosol Spray.

PA CRITERIA:

Non-Preferred Products Except Beser Kit and Fluocinolone Acetonide (Body, Scalp) Oil 0.01% Generic

❖ Approvable for member who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 3 preferred topical corticosteroids within the same potency class or a higher potency class.

Beser Kit

❖ Prescriber must submit a written letter of medical necessity stating the reasons the two separate products, generic fluticasone propionate 0.05% cream (preferred) and OTC (not covered) emollient cream, are not appropriate for the member.



Fluocinolone Acetonide (Body, Scalp) Oil 0.01% Generic

Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Derma-Smooth FS, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:

• For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA AND APPEAL PROCESS:

 For online access to the PA process, please go to <u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

 For online access to the current Quantity Level Limits (QLL), please go to <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then select the most recent quarters QLL list.